

ATTORNEY WAIVER STATEMENT

I, _____, CDC number _____, of my own free will and accord, do hereby waive a consultation with an attorney prior to signing the Out of State Placement Agreement.

I acknowledge that California Department of Corrections and Rehabilitation staff have offered me the opportunity to consult with an attorney and have advised me that an attorney would be provided to me at no charge if necessary.

I have been promised no reward or benefit whatsoever in return for my waiver.

I have not been coerced, threatened, or placed under duress in any manner whatsoever to persuade me to waive an attorney consultation.

Inmate's Signature:		Witness' Signature :	
CDC Number:	Date:	Date:	